

PART B - FEE(S) TRANSMITTAL

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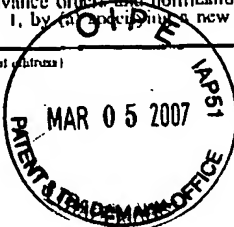
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CYMER INC
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Stephanie Sharrett	(Depositor's name)
<i>Stephanie Sharrett</i>	(Signature)
March 5, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/767,316	01/28/2004	Parthiv S Patel	2000 0085-14	5475

TITLE OF INVENTION: PROCESS MONITORING SYSTEM FOR LITHOGRAPHY LASERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/07/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
VU, JIMMY T	2821	700-121000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SR-122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SR-122; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

William C. Cray

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03/06/2007 AWUNDAF2-00000041 634060 10767316

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified, this document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CYMER, INC.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

San Diego, California USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
☐ Payment by credit card. Form PTO 2038 is attached.
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-4060. (enclose an extra copy of this form)

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

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Typed or printed name

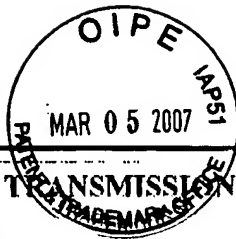
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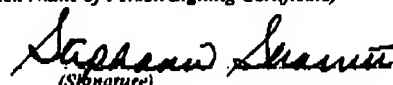
Date March 5, 2007


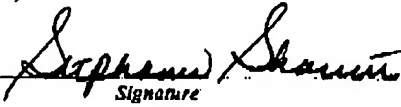
Registration No. 27,627

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No.
Applicant(s): Patel et al			2000-0085-14
Application No. 10/767,316	Filing Date 1/28/2004	Examiner J. Vu	Group Art Unit 2821
Invention: PROCESS MONITORING SYSTEM FOR LITHOGRAPHY LASERS - Trans Payment of Issue Fee -1 pg; PTOL-85B -1 pg; Deposit Account Sheet -1 pg and Facsimile Cover Sheet -1 pg			
<p>I hereby certify that this <u>Trans of Payment of Issue Fee & PTOL-85B</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571 273 2885</u>) on <u>March 5, 2007</u> (Date)</p> <p style="text-align: right;">Stephanie Sharrett (Typed or Printed Name of Person Signing Certificate)  (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity) (39 C.F.R. 1.311)					Docket No. 2000-0085-14	
Applicant(s): Patel et al.						
Application No. 10/767,316	Filing Date 1/28/2004	Examiner J. Vu	Customer No. 21773	Group Art Unit 2821	Confirmation No. 5475	
Invention: PROCESS MONITORING SYSTEM FOR LITHOGRAPHY LASERS						
Mail Stop Issue Fee COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450						
Transmitted herewith are the following for the above-identified application.						
<input checked="" type="checkbox"/> Issue Fee Transmittal Form PTOL-85 <input checked="" type="checkbox"/> Utility Fee: \$ 1400.00 <input type="checkbox"/> Design Fee: <input type="checkbox"/> Plant Fee: <input checked="" type="checkbox"/> Publication Fee: \$ 300.00 <input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 03-4060 as described below. <input checked="" type="checkbox"/> Charge the amount of <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 William C. Cray, Reg. No. 27,627 Cymer, Inc. Legal Dept. MS/4-2C 17075 Thornmint Court San Diego, California 92127 Telephone: 858 385 7185 Facsimile: 858 385 6025			Dated: March 5 2007			
CC:						
Certificate of Transmission by Facsimile This certificate may only be used if paying by deposit account.						
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <div style="border: 1px solid black; padding: 5px;"> I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States and Trademark Office (Fax No. 571 273 2885) on 3/5/2007 (Date)  Signature Stephanie Sharrett Typed or Printed Name of Person Signing Certificate </div> </div> <div style="width: 48%;"> <div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence </div> </div> </div>						